

ISRA-001
1/2005

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF RISK MANAGEMENT, INITIAL NOTICE & CASE ASSIGNMENT- ISRA SECTION
P.O. Box 435
401 EAST STATE STREET
TRENTON, NJ 08625-0435

INDUSTRIAL SITE RECOVERY ACT (ISRA)

GENERAL INFORMATION NOTICE (GIN)

This information must be submitted to the address listed above within 5 calendar days following any applicable triggering event as specified at N.J.A.C. 7:26B-3.2. Answer all questions. Should you encounter any problems in completing this form, do not hesitate to call (609) 633-0708 between the hours of 8:00 a.m. and 4:30 p.m. and ask for a representative of the Initial Notice Section. Submitting insufficient data may cause processing delays and possible postponement of your transaction.

PLEASE TYPE OR PRINT

Date _____

Enter the name of the Industrial Establishment (business which operates at the site) as defined in N.J.A.C. 7:26B-1.4, which is the subject of this application. This will be the business that uses hazardous substances and has a SIC/NAICS number within the subject realm of ISRA. **NOTE: If more than one Industrial Establishment (business) operates at the site (multiple tenancy), and the transaction which initiates ISRA is a sale of property then a separate General Information Notice is required for each Industrial Establishment (tenant) that uses hazardous materials and has a SIC/NAICS number within the subject realm of ISRA.**

1. A. Industrial Establishment

Name of Business _____ Telephone # _____

Street Address _____

City or Town _____ State _____ Zip Code _____

Municipality _____ County _____

B. Tax Block Number(s) _____ Tax Lot Number(s) _____

C. Does the Industrial Establishment include the Entire Site _____ or a Leasehold Portion _____ of the Block and Lots designated in 1B above (place an "X" after the correct designation).

D. NAICS Number _____ (Required) (SIC) Number _____ (Optional)

To determine your NAICS number please refer to the "Official NAICS Page" at www.census.gov/epcd/naics02 or contact the NJ Department of Labor at 609-292-2633.

Please provide a description of operations conducted on site by the Industrial Establishment listed in "A" above to verify the listed NAICS # as accurate. _____

E. Current Property Owner(s)

Business Name _____

Contact Person _____ Telephone Number _____

Street Address _____

Municipality _____ State _____ Zip Code _____

F. Current Business Owner (complete this section even if the same as 1.A above)

Business Name _____

Contact Person _____ Telephone Number _____

Street Address _____

Municipality _____ State _____ Zip Code _____

2. Provide a current tax map and a scaled site map showing the entire property and all current structures located on the blocks and lots listed in 1A above. For Department data entry and identification purposes the boundaries of each industrial establishment currently located on the site shall be highlighted and clearly labeled on the scaled site map.

3. Have there been any previous or concurrent ISRA/ECRA submissions (including Applicability Determinations or De minimus Quantity Exemption Application) by this Industrial Establishment or another Industrial Establishment, which occupied the same tax block and lot number?

_____ Yes _____ No

If Yes, Name of Industrial Establishment(s) _____

ISRA/ECRA Case No(s). _____ Current Status _____

4. Has the same property occupied by the Industrial Establishment in #1A - #1C above received a No Further Action Letter or Negative Declaration Approval?

_____ Yes (please provide copy) _____ No

If yes, also provide a copy of a scaled site map, which clearly depicts the site or portions thereof that the prior No Further action letter or Negative Declaration Approval includes.

Please note: If the Block and Lot designation for the site on which the Industrial Establishment listed in 1A above is different than the Block and Lot listed on the prior No Further Action approval or Negative Declaration Approval then please provide a brief description of when the designation change occurred and a statement supporting that the current application is for the same site. The Department will not assume the application for the current site is the same site referenced on a prior no further action approval if the Block and Lots are different.

5. Indicate the transaction(s), which initiates the ISRA review. Check all that apply (see N.J.A.C. 7:26B-3.2 & 3.3):

_____ Sale of Property	_____ Sale of Business	_____ Sale of Assets
_____ Cessation	_____ Foreclosure	_____ Stock Transfer/Corporate Merger
_____ Bankruptcy	_____ Partnership Change	_____ Other (attach documentation to explain)

6. If a cessation of operations is involved at this location provide the following information:

- A. Provide the date of the public release of the decision to close the facility ____/____/____, or
- B. Provide the date that operations ceased ____/____/____, or
- C. Provide the date that operations will cease ____/____/____.

7. If the transaction initiating an ISRA review is an agreement of sale or execution of an option to purchase, fill in the date of execution of that instrument below. If a sales agreement has not been signed then you may not have triggered ISRA unless another trigger such as a cessation of operations has also occurred. **A copy of the sales agreement is required only if the Industrial Establishment is also applying for a Remediation Agreement.**

- A. Is a sale involved? ____ Yes ____ No (If no, skip 7B, C and D.)
- B. Provide the date of the Agreement/Notifications of Option to Purchase ____/____/____
- C. Provide the date proposed for transfer of title ____/____/____
- D. Please complete the following:

NAME OF PARTY/PURCHASER: _____

ADDRESS: _____

PHONE #: _____ CONTACT PERSON _____

E. Withdrawal Notification: *I understand as the contract seller that if the agreement is terminated then I am no longer required to obtain a no further action letter or authorization letter from the Department. In accordance with the Industrial Site Recovery Act rules (N.J.A.C. 7:26B-3.4) a withdrawal affidavit will be submitted stating the reasons why compliance with ISRA no longer applies to the site referenced in Question 1A above. _____ (The signatory on the certification shall initial here)*

8. Provide the name and mailing address of an individual to be designated as the "Authorized Agent": the primary contact with the Department for all matters relating to this ISRA review. This can be an environmental consultant or attorney assisting the owner or operator with their ISRA compliance obligations. All written correspondence from the Department will be addressed to the designated Authorized Agent except the final no further action approval which will be addressed to the individual listed in #11 below.

Name _____ Telephone # _____

Firm _____

Street Address _____

Municipality _____ State _____ Zip Code _____

Fax # _____ Email Address (optional) _____

9. Pursuant to N.J.A.C. 7:26B-3.3(a)10, the owner/operator shall perform all remedial activities according to one of the following schedules (check the appropriate statement): **Please note: by definition Remedial Activities includes the completion of a Preliminary Assessment, Site Investigation, Remedial Investigation or Remedial Action as applicable. At a minimum a Preliminary Assessment shall be completed in order to obtain a no further action approval from the Department.**

_____ All remedial activities will be done in accordance with the schedule set forth at N.J.A.C. 7:26B-6.1, 6.2 and 6.3.

_____ All remedial activities will be done in accordance with the enclosed alternate schedule.

10. Do you consider this site to be a "Brownfield" as defined below: _____ Yes _____ No

"Brownfield Site" means any former or current commercial or industrial site that is currently vacant, underutilized or the remediation is being conducted with the intent to pursue redevelopment and which there has been, or is suspected to have been a discharge of a contaminant.

11. Please provide the name and mailing address of the property owner or business owner assuming the primary responsibility for the remediation of the referenced site subject to this filing. This is NOT the consultant or law firm hired to assist the owner or operator with their ISRA compliance obligations. The Department will address the final no further action/covenant not to sue determination for the industrial establishment to the individual listed below. All other correspondence from the Department will be directed to the authorized agent listed in item 8 above.

Name _____ Title _____

Firm _____ Telephone # _____

Street Address _____

Municipality _____ State _____ Zip Code _____

Fax # _____ Email address (optional) _____

A. Does the listed individual or firm own the property____, business _____, or both _____? (Place a check in the appropriate space)

B. Right of Entry: Pursuant to the Industrial Site Recovery Act rules (N.J.A.C. 7:26B-1.9), by the submission and certification of this document, I give my consent to the entry of the industrial establishment by the Department and its authorized representatives during any phase of remediation, upon the presentation of credentials, to inspect the site. _____ (The signatory on the certification shall initial here)

CERTIFICATION:

The following certification shall be signed pursuant to the requirements of N.J.A.C. 7:26B-1.6(e).

An individual who is familiar with the Industrial Establishment through on-site observation must sign the certification. The individual must be in a position of authority that can attest to the accuracy of the response to each question. When the situations arise, the certification shall be executed as follows:

1. For a corporation or limited liability company, by a principal executive officer of at least the level of Vice President;
2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively;
3. For a municipality, state, Federal or other public agency, by either a principal executive officer or ranking elected official; or
4. By a duly authorized representative of a corporation, partnership, sole proprietorship, municipality, state or Federal or other public agency, as applicable. A person is deemed to be a duly authorized representative if the person is authorized in writing by an individual described in 1, 2, or 3 above and the authorization meets the following criteria:
 - The authorization specifies either an individual or a position having responsibility for the overall operation of the industrial establishment or activity, such as the position of plant manager, or superintendent or person of equivalent responsibility (a duly authorized representative may thus be either a named individual or any individual occupying a named position);
 - The written authorization is submitted to the Department; and
 - If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the industrial establishment or activity, a new authorization satisfying the requirements listed above shall be submitted to the Department prior to, or together with, any reports, information, or applications to be signed by an authorized representative.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of N.J.S.A. 13:1K-6 et seq., I am personally liable for the penalties set forth at N.J.S.A. 13:1K-13.

Typed/Printed Name _____ Title _____

Signature _____ Date _____

Sworn to and Subscribed Before Me

on this _____ day of _____ 19____

Notary

**Division of Responsible Party Site Remediation
Industrial Site Recovery Act**

INITIAL NOTICE FEE SUBMITTAL FORM

Case # (if known) _____

Case Name (Active Case) _____

Check drawn from the account of _____ Check/M.O. # _____

Amount Enclosed _____

Please circle the appropriate payment location(s)

- | | | |
|----|-------------------------------|---------------------|
| 1. | General Information Notice | \$100.00 |
| 2. | Preliminary Assessment Report | \$250.00 |
| 3. | Site Investigation Report | \$500.00 |
| 4. | Negative Declaration Review | \$100.00 |
| 5. | Expedited Review Application | \$150.00 (see note) |

Note: This fee is not intended to “expedite” the review of a Preliminary Assessment or Site Investigation Report. All reports are reviewed in the order received by the department.

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|-----|---|-----------|
| 6. | Remediation in Progress Waiver Application | \$150.00 |
| 7. | Regulated Underground Storage Tank Waiver Application | \$400.00 |
| 8. | Area of Concern Waiver Application | \$100.00 |
| 9. | Limited Site Review Application | \$350.00 |
| 10. | Applicability Determination Application | \$200.00 |
| 11. | De minimis Quantity Exemption Application | \$200.00 |
| 12. | Limited Conveyance Application | \$400.00 |
| 13. | Remediation Agreement Application | \$1000.00 |
| | Remediation Agreement Amendment Application | \$500.00 |
| 14. | Confidentiality Claim | \$250.00 |
| 15. | Remedial Action Workplan Deferral Application | \$650.00 |

Note: All applicable fees are due with the submission of each document. Each document requires a separate review fee. Review fees are for a single review. The submission of a revised document in response to deficient submission will require a separate review fee. Fees are not transferable or refundable once a requested review has been completed or written a determination has been made by the Department.